

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

10 758 715

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3							
4		2					
5		2					
6	1						
7		1					
8		1					
9		2					
10		1					
11	1						
12		1					
13		2					
14		1					
15		2					
16		1					
17		2					
18		2					
19		1					
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49							
50							
TOTAL IND.	2						
TOTAL DEP.	2	3					
TOTAL CLAIMS	2	3					

	CLAIMS						CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
51							
52							
53							
54							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							